

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED JAN 14 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **4895**

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month

In this community 6 weeks
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1401 Bennington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PEARL REYNOLDS

3. (b) If veteran, name war WW

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th
year 1942 hour 1 minute 55 A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married divorced, married

6. (b) Name of husband or wife George E. Reynolds

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 1 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-28-42 19... to 12-28-42 19...;
that I last saw h... er alive on 12-28-42 19...;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>8</u>	<u>27</u>	hr. min.

Immediate cause of death Diabetes; Pyelonephrosis

Due to 61

Due to _____

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Earnest Myers

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name German

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant J. R. Reynolds

(b) Address J. R. # 5 North K.C. Mo.

17. (a) Burial (b) Date thereof 12/31/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Floral Hills Cemetery

18. (a) Signifying funeral service John S. Moran funeral home

(b) Address North Kansas City Mo

19. (a) Dec 29 1942 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy None

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature Amey R. Thom (M. D. or other) _____
Address Med. Dir. K.C. Gen Hospital Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

48
3/30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Leon E. Hodges*

Licensed Embalmer No. *2729*

P. O. Address..... *North K.C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.